



Clinical applicability of a point of care patient side canine-specific commercially available quantitative assay for determination of c-reactive protein

Kjelgaard-Hansen, Mads

Published in:

Conference proceedings - 11th ESVCP-ECVCP Meeting, Thessaloniki, Greece, 7-9 October 2009

Publication date:

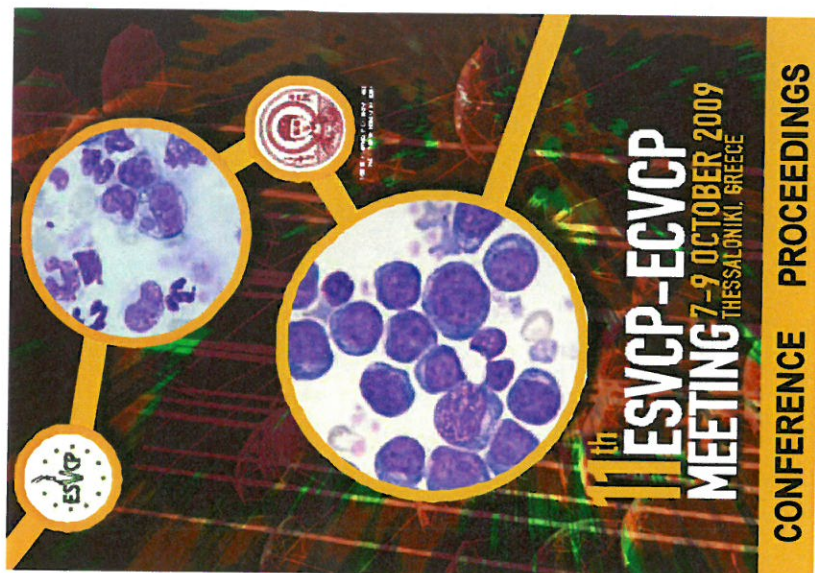
2009

Document version

Publisher's PDF, also known as Version of record

Citation for published version (APA):

Kjelgaard-Hansen, M. (2009). Clinical applicability of a point of care patient side canine-specific commercially available quantitative assay for determination of c-reactive protein. In *Conference proceedings - 11th ESVCP-ECVCP Meeting, Thessaloniki, Greece, 7-9 October 2009*



**1. CLINICAL APPLICABILITY OF A POINT OF CARE
PATIENT SIDE CANINE SPECIFIC COMMERCIAL
AVAILABLE QUANTITATIVE ASSAY FOR
DETERMINATION OF C-REACTIVE PROTEIN.**

M. Kjelgaard-Hansen.

*Department of Small Animal Clinical Sciences, University
of Copenhagen, Copenhagen, Denmark*

Background: Canine C-reactive protein (CRP) is a major acute phase protein in dogs, and is reported as a sensitive, specific and quantitative marker of systemic inflammation. Canine CRP is especially useful for detection of inflammation during establishment of diagnosis and for monitoring inflammatory activity during treatment. Laboratory-based methods are available; however, reliable quantitative methods for patient-side operation are warranted. **Objective:** Evaluation of a novel point of care (POC) canine-specific commercially available quantitative assay for determination of CRP. **Methods:** CRP was determined by a commercially available magnetic permeability based two-site immunoassay for canine C-reactive protein (LifeAssays, Sweden). Intra- and inter-assay imprecision was assessed by running pooled canine serum with low (37 mg/L) and high (89 mg/L) concentrations of CRP repetitively (n=7) within-day and across days, respectively. Linearity was investigated by an equal-step dilution (n=8) of a high content sample (180 mg/L). Inaccuracy was investigated by method comparison (range 10-182.4 mg/L, n=17) and by 'spike and recovery'. A previously validated automated immunoturbidimetric assay (Kjelgaard-Hansen et al., 2003) was used for the method comparison. Purified canine CRP (LifeDiagnostics, USA) was used to spike the low pool to final concentrations of A) 103 mg/L and B) 152 mg/L. **Results:** Acceptable intra-assay coefficient of variation (CV %) (9.6% and 8.5%) and inter-assay imprecision (12% and 11%) was observed for the low and high pool, respectively. Linearity was acceptable. Method comparison revealed a proportional overestimation above 100 mg/L, confirmed by recoveries of 115% and 127% for A and B, respectively. **Conclusions:** The quantitative patient-side POC canine specific CRP assay performed acceptably for clinical purposes; however, direct comparison with results obtained by other methods should be made with care. Patient-side POC operation and short run-time (15 min) should facilitate routine use.